MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042406 STATE FILE NUMBER

Registration District No. 917 Primary Registration District No. 541 Registrar's No. 3285

FILED OCT 30 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 4002
2 4002
3
4 1
5 2
6
7 0
8 2
9 331X
10
11
12 90-0
13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clayton
Length of stay in lb: YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 611 East Polo Drive
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Clayton,
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 611 East Polo Drive
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First MARY Middle JANE Last RABE

4. DATE OF DEATH: Month Oct. Day 25, Year 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 11/2/1880

9. AGE (last birthday): 82

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William White.

13b. MOTHER'S MAIDEN NAME: Mary Jane Balson.

14. NAME OF HUSBAND OR WIFE: John Henry Rabe.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of servi

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Mrs. Jane Frederickson, 14 Bopp Rd.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cerebro Vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Generalized Arteriosclerosis — 15 years

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Bronchial Asthma

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from September 1955 to October 1963 and last saw (her) him alive on October 17, 1963

Death occurred at 2:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Robert M. Launch, M.D. (Degree or title)

22b. ADDRESS: 52 Maryland Plaza

22c. DATE SIGNED: 26 Oct. 1963

23a. BURIAL, CREMATION, REMOVAL (Specify): Entombment

23b. DATE: 10/26/1963

23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Mausoleum

23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS: Lupton Chapel, 7233 Delmar Blvd

25. DATE RECD. BY LOCAL REG.: 10-26-63

26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Robert Launch
52 Maryland Plaza
FO-7-8844
Hrs. SAT. 8:15 to Noon.

County

OK

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.